

"It sometimes leaves a bitter taste in the mouth, which is all that is complained of until the patient vomits.

"The stools, which are sometimes dark-coloured, soon become yellow and loaded with healthy bile; but if its use be continued for four or five days, they become lighter, and at length show a total absence of bile, appearing like jaundiced stools, of the colour of parchment, but there is no jaundice either in the skin or urine.

"If the medicine be discontinued, the yellow colour of the stools returns.

"In one case which was admitted into the Dreadnought with jaundice, and which subsequently died from inflammation of the spleen, with tubercular deposit in that organ, the jaundice very much subsided under the use of the medicine. The liver was healthy, but paler than natural; the gall-bladder quite empty, and the spleen very much enlarged, softened, and loaded with huge masses of tubercles."

19. *Great Hypertrophy of the Heart and open Foramen Ovale, without Cyanosis.*—(*Dublin Journal*, 1844.) The subject of this case was a child aged four months and fifteen days. No appearance of disease manifested itself until two weeks after birth, when restlessness on lying down, particularly at night, and on the right side, occurred, which was relieved by turning the child over on the left* side, or raising it to a sitting posture. This continued slightly increasing, the general health in other respects good, until within five days of its death, when severe symptoms of catarrh, accompanied with some difficulty of breathing, supervened and terminated fatally. The *post mortem* exhibited no discolouration of the skin; the heart was very much enlarged, but the auricles disproportionately small to the ventricles, the foramen ovale entirely open, so that the little finger passed through it easily; the left lung was of a chocolate colour, very much contracted, lying along the spine.

20. *On the Nature and Seat of Hooping Cough.* Mr. J. S. STREETER, one of the Presidents of the Physical Society of Guy's Hospital, in an interesting paper on the nature and seat of hooping cough, read before the Physical Society of Guy's Hospital, advocates the views of Dr. Bland, respecting the nature of that disease.

"Dr. Bland," Mr. S. observes, "considers the primary cause of the disease to consist in an irritation, not an inflammation, of the mucous membrane of the bronchi, under which the glands and follicles of that membrane pour forth a specific secretion saturated with hydrochlorate of soda, the irritation of which, when it reaches the upper part of the trachea and larynx, throws the muscles of the glottis and of respiration into spasmodic action for its expulsion, in a manner exactly similar to any foreign body which accidentally enters the larynx.

"From this theory of the nature and seat of the disease I so far differ as to regard the primary affection of the bronchial membrane as inflammatory in its nature, and believe that it will be found on careful observation to be attended by more or less fever of an analogous character to that which attends contagious catarrh or influenza; but to that part which views the presence of a saline secretion in the trachea as the proximate cause of the convulsive cough which ushers in the second stage, I give my unqualified assent; because I believe it demonstrably true. When, however, the convulsive hooping is fully established, it very commonly happens that symptoms which mark the third, or what may be appropriately termed the complicated stage, are developed, and continue to mark the varying and formidable phases of the disease which mostly attract attention in practice. These tertiary phenomena usually manifest themselves—1st, as special lesions of the nervous and muscular systems; 2dly, as special lesions of the respiratory organs; or 3dly, as the more general affections of fever and cachexia, and are present in individual cases in every conceivable variety of combination.

"The 1st class comprise—an exalted sensibility, and morbidly susceptible state,

* It may be remarked that this case does not lend any support to the theory of Prof. Meigs, according to which the patient should be relieved by lying on the right side when the foramen ovale is open.

of the membrane of the larynx, the pharynx, the epiglottis, under which death from asphyxia may suddenly occur—morbid association of the action of the muscles of glottis and respiration, in consequence of which the cough continues from mere habit, or is reproduced by the most trivial irritation of the air passages; reflex irritation, often passing into inflammation of the nervous centres of the pneumogastric nerves, involving those of the phrenic nerves also; and finally, these reflex affections may extend to the whole of the brain, or to the medulla oblongata and their meninges, and prove fatal by inducing general convulsions or hydrocephalus. All these, be it observed, are pathological conditions of the nervous system which have been so constantly put forward in high relief by the advocates of the nervous theory as proximate causes of the disease itself.

"The 2d class of tertiary phenomena include the various congestive and inflammatory affections that result from the mechanical disturbance of respiration and circulation, and the extension of the primary bronchial inflammation to the trachea, larynx, and pharynx, and the tissues of the lungs themselves. Epistaxis, haemoptysis, and fatal emphysema from extensive rupture of the air-cells, have occurred within my own experience, and have apparently resulted from the mechanical violence of the cough acting upon tissues previously weakened by disease.

"Of the 3d class I have only to observe, that in the absence of cerebral or pulmonary inflammation, the fever of the third stages is always asthenic, and often assumes a remittent type when the cachexia is of a marasmic character.

"The evidences of the truth of this theory, upon which I place reliance, are—the testimony of adults, who have been attacked by the disease, to the unusual and excessively saline taste of the expectoration so long as the paroxysms are severe—the resemblance of the expiratory efforts in hooping-cough to those made by the excito-motor system, for the expulsion of a foreign body from the larynx; the very adequate explanation it affords both of the extraordinary and spasmoid muscular actions which accompany the cough, and of its occurrence in paroxysms after intervals of uncertain duration; and lastly, the key which it furnishes to the chaotic host of apparently opposite remedies that have obtained professional or popular reputation in its treatment.

"Of these remedies, we find one group adapted to lessen the original bronchial affection, and favour the expulsion of the offending mucus—as emetics, antimonials, and counter-irritants applied over the chest; another, which acts by altering the quality of the secretion, as the alkaline carbonates, ammonia, and the sulphuret of potass, so strongly recommended by Dr. Blaud himself; another, by exciting a new action in the bronchial membrane; and constringing the vessels, put a stop to the secretion in a manner perfectly familiar to the physician in chronic bronchitis, and to the surgeon in purulent ophthalmia—the superacetate of lead, alum, common resin, T. cantharides in Bals. Copalæ, tar vapour, and even the inhalation of nitrous vapour, &c. Others, again, as musk, both native and artificial, camphor, arsenic, conium, belladonna, opium, and hydrocyanic acid, are more especially adapted for the nervous lesions; and antiphlogistic measures meet the inflammatory lesions of the third or complicated stage."

These views were opposed by Dr. Golding Bird, Dr. Gull, Dr. Munk, and Dr. Barlow, and supported by Mr. Blenkarne, and the author of the paper. In the absence of chemical demonstration, Dr. Bird held that no reliance could be placed on the fallacious test of taste brought forward to prove the existence of a saline secretion, and supported the theory of Desruelles, which views the disease as at first inflammatory, and afterwards spasmoid, by a reference to its pathology and symptoms. He contended that alkalis are serviceable, by rendering the mucus more soluble and easy of expectoration, and not by changing its irritating quality. Dr. Munk and Dr. Barlow believed the true proximate cause of the disease to be a contagious miasm; the former considered it a true blood disease, and the paroxysm as essentially referable to spasm. Mr. Blenkarne thought the views advanced worthy of great consideration, as they afforded something like intelligible grounds for the employment of remedies.—*Lond. Med. Gaz.*, Nov., 1844.

21. *Compression of the Carotids in Cephalgia.*—This means formerly recommended by M. BLAUD, has been employed with success by Dr. DECHANG, in